CLAIM FOR REASSESSMENT EXCLUSION FOR TRANSFER BETWEEN PARENT AND CHILD

NAME AND MAILING ADDRESS (Make necessary corrections to the p	rinted name and mailing address.)	٦			
L	_				
A. PROPERTY					
ASSESSOR'S PARCEL NUMBER					
PROPERTY ADDRESS	CITY				
RECORDER'S DOCUMENT NUMBER	DATE OF PURCHASE OR TRANSFER				
COBATE NUMBER (if applicable) DATE OF DEATH (if applicable)		DATE OF DECREE OF DISTRIBUTION (if applicable)			
States Code, section 405(c)(2)(C)(i) which aut	horizes the use of social security numbers for social security number may provide a tax ide	Taxation Code section 63.1. [See Title 42 United identification purposes in the administration of any ntification number issued by the Internal Revenue			
B. TRANSFEROR(S)/SELLER(S) (additional	transferors please complete "B" on the reverse	9)			
Print full name(s) of transferor(s)					
2. Social security number(s)					
3. Family relationship(s) to transferee(s)					
If adopted, age at time of adoption					
4. Was this property the transferor's prince	cipal residence? Yes No				
If yes, please check which of the follow	ving exemptions was granted or was eligible to	be granted on this property:			
☐ Homeowners' Exemption ☐ Disab	oled Veterans' Exemption				
5. Have there been other properties that	qualified for this exclusion? \square Yes \square No				
		is list should include for each property: the County, yers, and family relationship. Transferor's principal			
6. Was only a partial interest in the prope	rty transferred? \square Yes \square No \square If yes , percent	entage transferred %			
7. Was this property owned in joint tenancy? \square Yes \square No					
8. If the transfer was through the medium	of a trust, you must attach a copy of the trust.				
	CERTIFICATION				
accompanying statements or documents, is tru	ue and correct to the best of my knowledge and ion C. I knowingly am granting this exclusion and Faxation Code section 69.5.	foregoing and all information hereon, including any d that I am the parent or child (or transferor's legal d will not file a claim to transfer the base year value			
• TOWNS ENON ON ELONE NET RESERVANT		DATE			
SIGNATURE OF TRANSFEROR OR LEGAL REPRESENTATI	DATE				
·		DAYTIME PHONE NUMBER			
		()			
CITY, STATE, ZIP		E-MAIL ADDRESS			

C. T	RANSFEREE(S)/BUYER(S) (additional transferees please compl	ete "C" below)					
1.	Print full name(s) of transfere	e(s)						
2.	Family relationship(s) to trans							
	If adopted, age at time of ado							
	If stepparent/stepchild relationship is involved, was parent still married to or in a registered domestic partnership (registered registered with the California Secretary of State) with stepparent on the date of purchase or transfer? \Box Yes \Box No							
	If no , was the marriage or registered domestic partnership terminated by: \Box Death \Box Divorce/Termination of partnership If terminated by death, had the surviving stepparent remarried or entered into a registered domestic partnership as of the date of purchasor transfer? \Box Yes \Box No							
	If in-law relationship is involved, was the son-in-law or daughter-in-law still married to or in a registered domestic partnership with the daughter or son on the date of purchase or transfer? \Box Yes \Box No							
	If no , was the marriage or registered domestic partnership terminated by: $\ \square$ Death $\ \square$ Divorce/Termination of partnership							
	If terminated by death, had the surviving son-in-law or daughter-in-law remarried or entered into a registered domestic partnership as of the date of purchase or transfer? \Box Yes \Box No							
3.	ALLOCATION OF EXCLUSION (If the full cash value of the real property transferred exceeds the one million dollar value exclusion, the transferee must specify on an attachment to this claim the amount and allocation of the exclusion that is being sought.)							
		CERTIFIC	CATION					
repres the Re	panying statements or docume	perjury under the laws of the State of ents, is true and correct to the best ed in Section B; and that all of the tr	of my knowledge and	d that I am the par	ent or child (or transferee's legal			
SIGNATI	URE OF TRANSFEREE OR LEGAL REPI	RESENTATIVE		DATE				
MAILING ADDRESS DAYTIME PHONE NUMI ()					BER			
CITY, ST	CITY, STATE, ZIP E-MAIL ADDRESS							
Note:	The Assessor may contact you	for additional information						
		B. ADDITIONAL TRANSFERO	R(S)/SELLER(S) (c	ontinued)				
NAME		SOCIAL SECURITY NUMBER	SIGNATURE		RELATIONSHIP			
		C. ADDITIONAL TRANSFERE	F(C)/PUVED(C) (co	antinua d				
			EE(S)/BUTER(S) (CC	типива)				
NAME				RELATIONSHIP				

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Revenue and Taxation Code, Section 63.1

IMPORTANT: In order to qualify for this exclusion, a claim form must be completed and signed by the transferors and a transferee and filed with the Assessor. A claim form is timely filed if it is filed within three years after the date of purchase or transfer, or prior to the transfer of the real property to a third party, whichever is earlier. If a claim form has not been filed by the date specified in the preceding sentence, it will be timely if filed within six months after the date of mailing of a notice of supplemental or escape assessment for this property. If a claim is not timely filed, the exclusion will be granted beginning with the calendar year in which you file your claim. Complete all of Sections A, B, and C and answer each question or your claim may be denied. Proof of eligibility, including a copy of the transfer document, trust, or will, may be required. **Please note**:

- 1. This exclusion only applies to transfers that occur on or after November 6, 1986;
- 2. In order to qualify, the real property must be transferred from parents to their children or children to their parents;
- 3. If you do not complete and return this form, it may result in this property being reassessed.
- 4. California law provides, with certain limitations, that a "change in ownership" does not include the purchase or transfer of:
 - The principal residence between parents and children, and/or
 - The first \$1,000,000 of other real property between parents and children.